

MEDICAL CERTIFICATION AFTER EXAMINATION

Patient: _____

On the below date, I, a duly licensed physician*, examined the above patient, who is a candidate for a police officer position with the New York State Police.

I am aware that the New York State Police selection process requires such candidates to engage in a physical ability test. Before completing this certification, I reviewed the description of the physical ability test, which is found on the New York State Police website – joinstatepolice.ny.gov.

Based upon my interview and examination, which is **documented in the attached**, it is my opinion that:

- ☐ The patient **can** safely engage in the physical ability test.
- ☐ The patient **cannot** safely engage in the physical ability test.

Date Examined: _____

(The date of the examination must be within one year prior to the date of processing)

Examining Physician's Name (print)

Date

Examining Physician's Address (print)

Date

Examining Physician's Signature

Date

TO BE COMPLETED BY A DULY LICENSED PHYSICIAN*

*Registered Nurse Practitioner or Registered Physician's Assistant acceptable

PHYSICAL EXAMINATION FORM

Last Name	First Name	MI	Date of Birth

Examination

Height	Weight	Gender
BP _____/_____	Pulse	Vision R 20/_____ L 20/_____ Corrected? Yes ____ No ____

Medical

Normal

Abnormal Findings

Appearance -Marfan stigmata		
Eyes/ears/nose/throat -Pupils equal / Hearing		
Lymph nodes		
Heart -murmurs -location of point of maximal impulse (PMI)		
Pulses -Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin -HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic		

Musculoskeletal

Normal

Abnormal Findings

Neck		
Back (including scoliosis screening)		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

Assessment

Name of medical provider (print/type)	Date	License/NPI number
Address	Phone	
Signature of medical provider	,MD/DO/NP/PA	STAMP HERE